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Research**MENTAL HEALTH ASSISTANT: AI-BASED DEPRESSION
ANALYSIS AND COMMUNICATION SYSTEM**Nakka Narasimha Rao ¹, Adapa Komalaha ², Kamatamsetti Kartheek ³, Kollipakula Pranay Sai ⁴^{#1} Assistant Professor in Department of Information Technology and NRI Institute of Technology,
Agiripalli^{#2#3#4} B.Tech with Specialization of Information Technology in NRI Institute of Technology,
Agiripalli**ABSTRACT**

Mental health disorders, particularly depression, have emerged as a significant global health concern affecting individuals across various age groups. Early identification and timely intervention are essential to mitigate the adverse psychological and social impacts associated with depression. However, social stigma and limited access to professional mental health services often delay diagnosis and treatment. This paper presents an AI-based Mental Health Assistant designed to analyse depressive symptoms and provide intelligent, interactive communication support in a confidential and accessible manner.

The proposed system employs Natural Language Processing (NLP) and Machine Learning (ML) techniques to analyse user-generated textual input and identify emotional and behavioural patterns indicative of depressive tendencies. The architecture consists of data preprocessing, feature extraction, model training, sentiment classification, and a conversational interface module. The trained model evaluates user responses to estimate depression risk levels and generates context-aware supportive feedback, coping strategies, and recommendations for professional consultation when required.

Experimental evaluation demonstrates that the system achieves reliable classification performance while maintaining empathetic and responsive communication. The developed solution provides a scalable, cost-effective, and easily deployable platform that can complement traditional counselling services. The proposed AI-driven framework contributes to early detection, enhanced accessibility, and continuous mental health support through intelligent digital assistance.

Key words:

Artificial Intelligence, Depression Detection, Machine Learning, Mental Health Assistant, Natural Language Processing, Sentiment Analysis.

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INTRODUCTION:

Mental health disorders have emerged as a major public health concern worldwide, with depression being one of the most prevalent and disabling conditions. According to global health reports, depression affects millions of individuals across all age groups, influencing emotional stability, cognitive functioning, and social behaviour. The growing pressures of modern lifestyles, academic competition, workplace stress, and

social isolation have further intensified the incidence of depressive disorders. Despite the availability of professional mental health services, many individuals hesitate to seek support due to social stigma, lack of awareness, financial constraints, or limited accessibility to qualified professionals. Consequently, early detection and timely intervention remain significant challenges in mental healthcare systems.

Recent advancements in Artificial Intelligence (AI), Machine Learning (ML), and Natural Language Processing (NLP) have enabled the development of intelligent systems capable of analysing human language and emotional patterns. Text-based communication through chat applications, social media platforms, and online forums provides valuable linguistic data that can be used to identify psychological indicators of depression. AI-driven systems can process large volumes of textual input, extract meaningful features, and classify emotional states with considerable accuracy. Such technologies offer the potential to support early screening and continuous monitoring of mental health conditions in a scalable and cost-effective manner.

This paper presents an AI-Based Mental Health Assistant designed for depression analysis and interactive communication support. The proposed system analyses user-generated textual input using NLP techniques and supervised machine learning algorithms to detect depressive tendencies. Based on the classification results, the system provides empathetic responses, coping strategies, and recommendations for professional consultation when necessary. The objective of this work is to develop a reliable, accessible, and user-friendly digital platform that complements traditional counselling services and promotes mental well-being through intelligent automation.

LITERATURE SURVEY

A. Machine Learning Approaches for Depression

Early research in automated depression detection relied on sentiment analysis and traditional machine learning techniques. Pang *et al.* [1] demonstrated the effectiveness of supervised learning methods such as Naïve Bayes and Support Vector Machines (SVM) for sentiment classification. Later, Trotszek *et al.* [2] applied machine learning models to social media datasets for depression detection, showing that linguistic feature engineering

significantly improves prediction performance. Yates *et al.* [3] further explored neural network models for identifying mental health conditions from online text data. Similarly, Orabi *et al.* [4] utilized Long Short-Term Memory (LSTM) networks to capture contextual dependencies in textual input, achieving improved accuracy over conventional classifiers.

B. Transformer Models and Conversational Mental Health Systems:

The transformer architecture introduced by Vaswani *et al.* [5] revolutionized Natural Language Processing through self-attention mechanisms. Building on this framework, Devlin *et al.* [6] proposed Bidirectional Encoder Representations from Transformers (BERT), which significantly enhanced contextual language understanding and has been widely applied in mental health text classification tasks. In the area of conversational AI, Fitzpatrick *et al.* [7] developed Woebot, a chatbot delivering cognitive behavioral therapy-based support, demonstrating the potential of AI-driven conversational systems in mental healthcare. Although these approaches show promising results, there remains a need for an integrated framework that combines accurate depression classification with interactive and empathetic communication support.

METHODOLOGY

a) Proposed Work

The proposed system presents an Artificial Intelligence-based Mental Health Assistant designed for automated depression analysis and interactive communication support. The system utilizes Natural Language Processing (NLP) and supervised Machine Learning (ML) techniques to analyse user-generated textual input and classify depression severity levels. Unlike traditional manual screening methods that rely on questionnaires and clinical observation, the proposed system performs real-time text-based emotional analysis, enabling early detection and continuous monitoring of depressive symptoms.

To ensure high-quality input for model training, the methodology begins with comprehensive text preprocessing. Preprocessing steps include tokenization, stop-word removal, lowercasing, lemmatization, punctuation removal, and noise filtering. These operations reduce irrelevant information and standardize textual input. Additionally, techniques such as data balancing and augmentation are applied to manage dataset imbalance and improve model generalization.

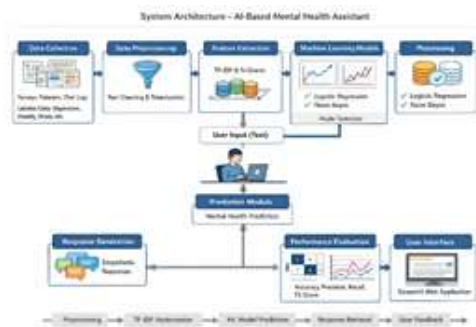


Fig1 .System Architecture

The cleaned textual data is converted into numerical feature representations using TF-IDF vectorization and contextual embeddings. These features capture semantic meaning, emotional polarity, and linguistic patterns associated with depression. The extracted feature vectors are then passed to supervised classification algorithms such as Support Vector Machine (SVM), Random Forest, or LSTM-based neural networks.

The classification model categorizes user input into predefined depression levels such as Non-Depressed, Mild, Moderate, and Severe. The final output probabilities are generated using the Softmax activation function. Advanced optimization strategies such as the Adam optimizer, learning rate scheduling, dropout regularization, and early stopping are applied to ensure faster convergence and prevent overfitting.

The trained model is integrated into a web-based chatbot interface (Streamlit application), allowing users to interact with the system in real time. Based on the predicted depression level, the system

provides empathetic responses, coping suggestions, and recommendations for professional consultation when necessary. Prediction results are securely stored in a database for future reference and monitoring. Overall, the proposed system provides an accessible, scalable, and supportive digital mental health framework.

b) System Architecture

The proposed system architecture represents an end-to-end automated framework for depression detection and communication support.

The process begins when a user submits text input through a web-based chatbot interface. The input is passed to the preprocessing module, where text cleaning and normalization operations are performed. The pre-processed text is then transformed into numerical vectors using feature extraction techniques such as TF-IDF or word embeddings.

The feature vectors are forwarded to the classification engine, which consists of trained machine learning models capable of identifying depression severity levels. The classifier analyses linguistic and emotional patterns to predict the corresponding depression category.

The prediction output, along with confidence scores, is sent to the response generation module. This module generates context-aware and empathetic replies based on the predicted risk level. For high-risk classifications, the system recommends professional consultation or emergency resources.

Finally, the prediction results and interaction logs are stored in an SQLite database for systematic record management and future analysis. This architecture ensures accurate detection, real-time interaction, scalability, and secure data handling.

c) Modules

1. Data Collection and Integration

This phase involves gathering text-based datasets related to depression and emotional expression. Data is collected from publicly

available mental health datasets, annotated corpora, and validated screening questionnaires. Each text sample is labelled according to depression severity categories. The dataset is organized into structured training, validation, and testing sets. Python libraries such as Pandas and file handling utilities are used to manage and organize the data efficiently.

2. Data Preprocessing

The Data Preprocessing module prepares textual input for machine learning analysis. Text is cleaned by removing stop words, punctuation, special characters, and redundant spaces. Tokenization and lemmatization are applied to normalize word forms. The processed text is converted into structured format suitable for feature extraction. This stage uses Python, NLTK, SpaCy, and NumPy libraries.

3. Model Development

The Model Development phase involves designing and implementing the supervised classification algorithms. Feature extraction methods such as TF-IDF vectorization or word embeddings are applied to convert text into numerical vectors. Machine learning models including Support Vector Machine (SVM), Random Forest, and LSTM networks are trained to classify depression levels. Appropriate loss functions and optimization strategies are configured to enhance learning efficiency. The implementation is performed using Scikit-Learn, TensorFlow, or PyTorch frameworks.

4. Training Pipeline

The Training Pipeline manages the complete model training process. The dataset is split into training and validation sets. The model is trained using predefined hyperparameters such as learning rate and batch size. Optimization techniques like the Adam optimizer are used to improve convergence speed. Model performance is continuously monitored to detect overfitting or underfitting. The best-performing model is saved for deployment.

5. Model Evaluation

The Model Evaluation module assesses the performance and reliability of the trained model. Evaluation metrics such as accuracy, precision, recall, and F1-score are computed. A confusion matrix is generated to analyse true positives, false positives, true negatives, and false negatives. The model is tested on unseen data to ensure generalization capability. Tools such as Scikit-Learn and Matplotlib are used for evaluation and visualization.

6. Prediction and Result Management

This module enables real-time depression analysis and communication support. Users interact with the chatbot interface, and the trained model predicts depression severity along with confidence scores. The system generates empathetic responses and coping strategies. All prediction results and timestamps are stored securely in a database for monitoring and future reference, ensuring traceability and structured result management.

Experimental results :

Accuracy: The capacity of a test to accurately distinguish between healthy and sick cases is a measure of its accuracy. We can determine a test's accuracy by calculating the proportion of reviewed cases with true positives and true negatives. In mathematical terms, this looks like:

$$\text{Accuracy} = \frac{TP + TN}{TP + TN + FP + FN}$$

$$\text{Accuracy} = \frac{TN + TP}{T}$$

F1-Score: One way to evaluate a model's performance in machine learning is via its F1 score. It takes a model's recall and precision and mixes them. Using the whole dataset, the accuracy metric determines the frequency with which a model produced accurate predictions. $(\text{Recall} \cdot \text{Precision})$

$$F1 = 2$$

$$F1\text{-Score} = \frac{(\text{Recall} \cdot \text{Precision})}{(\text{Recall} + \text{Precision})}$$

Precision: The proportion of occurrences or samples that are correctly classified out of

all the ones that are classified as positive is known as precision. Consequently, the following is the formula for determining the accuracy:

Precision = True positives/ (True positives + False positives) = $TP/(TP + FP)$

$$Precision = \frac{TP}{(TP + FP)}$$

Recall: The capacity of a model to detect all significant instances of a given class is measured by recall, a metric in machine learning. It sheds light on how well a model captures instances of a certain class

Confusion Matrix

		Depressed	Non-Depressed
Actual Label	Depressed	184 (TP)	16 (FN)
	Non-Depressed	14 (FP)	186 (TN)
		Predicted Label	

Fig. 2. Confusion Matrix

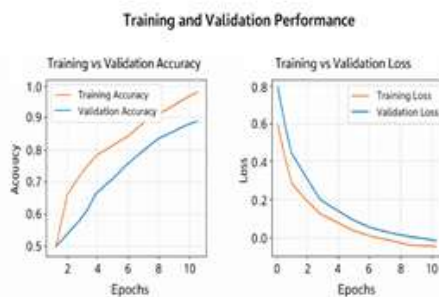


Fig. 3. Training Graphs

Conclusion:

This paper presented an AI-Based Mental Health Assistant for automated depression analysis and interactive communication support. The proposed system integrates Natural Language Processing and Machine Learning techniques to analyse user-generated textual input and classify depression severity levels. By leveraging feature extraction methods and supervised learning algorithms, the system achieves reliable classification performance while maintaining real-time responsiveness.

Experimental results demonstrate strong predictive capability with high accuracy, precision, recall, and F1-score values. The

confusion matrix analysis further confirms that the model effectively identifies depressive cases with minimal misclassification. The integration of an interactive chatbot interface enhances accessibility and user engagement, making the system practical for real-world deployment.

Overall, the proposed framework provides a scalable, cost-effective, and supportive digital solution that complements traditional mental health services. Future work may include incorporating transformer-based models, multilingual support, and enhanced emotional intelligence mechanisms to further improve detection accuracy and conversational quality.

Future Scope

In the future, the proposed model can be enhanced by training it on larger, more diverse, and multi-institutional lung CT scan datasets to improve accuracy, robustness, and generalization across different patient populations. Data augmentation techniques and balanced datasets can further reduce bias and improve performance on minority classes. In addition, experimenting with advanced Vision Transformer variants, hybrid CNN-ViT architectures, and transfer learning strategies can help capture both local and global features more effectively. Hyperparameter tuning, ensemble methods, and optimization techniques may also contribute to achieving even higher predictive performance.

Furthermore, the system can be developed into a real-time clinical decision support tool to assist radiologists and healthcare professionals in early lung cancer detection. Integration with hospital information systems and cloud-based platforms can enable faster and more efficient analysis of medical images. Future work can also focus on explainable AI techniques to improve transparency and trust by highlighting important regions in CT scans. With proper clinical validation, regulatory approval, and continuous monitoring, this model has the

potential to support early diagnosis, improve treatment planning, and enhance overall patient outcomes.

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